| | Polk |
|--|--|
| FOR INSTRUCTIONS, SEE BACK OF FORM | FORM |
| • | DR-2 DISCLOSURE |
| DISCLOSURE SUMMARY PAGE | (Rev. 01/98) REPORT |
| | For Office Use Only |
| COMMITTEE NAME (Must be same as on Statement of Organization) | Comm. # |
| Community Led Advocacy for Sensible Schools | indexed |
| IMPORTANT: Indicate type of committee you are reporting for: | Audited |
| (1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate | OSTIPULES |
| (5) County PAC (6) Bailot Issue/Franchise Committee (7) County/City Central Committee (8) Support State of Candidates | |
| alice Wisnes 221-9327 | 3/29/03 |
| SIGNATURE OF TREASURER (or person filing this report) TELEPHONE | DATE SIGNED |
| Routine Penalties Due For Late Filed Reports Range from | \$20 to \$900 |
| Routine renaities Due For Late Filed Reports Range Iron | 320 10 3000 |
| SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE: | |
| I AM FILING A ADVILL 1, 2603 BOTH FOR ANA (1) ELECTION | ON /(2)NON-ELECTION YEAR. |
| (report date) Indicate CHECK IF AMENDMENT TO REPORT DATED 1003 Local | |
| WELLOGIFE CO. | |
| | Committees, enter Date of Election |
| | March 11, 2003 by & Local Committees, enter County in |
| | Election is held |
| FILED | |
| STATEMENT OF CASH ON HAND | |
| CASH ON HAND at the beginning of the reporting period. (This is the total | |
| of all monies held by the committee. This amount MUST be the | |
| same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) | s 460.50 |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | |
| Schedule A: Cash Contributions total (Attach Schedule A) | . 315,00 |
| Schedule F: Loans Received total (Attach Schedule F) | |
| Schedule H: Total Sales of Campaign Property (Attach Schedule H) | |
| (Schedule H applies to Candidates' Committees Only) | |
| SUB-TOTAL | \$ 775.50 |
| SUBTRACT TOTAL MONEY SPENT THIS PERIOD | \$ 775.50 675.50 |
| Schedule B: Expenditures total (Attach Schedule B) | 675.50 |
| Schedule F: Loan Repayments total (Attach Schedule F) | |
| CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) | s <u>100.00</u> |
| | |
| UNPAID BILLS (From Schedule D - Attach Schedule D) | |
| IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) | - 1141 00 |
| The solution of the control of the c | \$ _1,614.70 |

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

| SCHEDULE A (Rev. 06/97) | MONETARY RECEIPTS |
|--------------------------|------------------------------|
| | CK THIS BOX IF NDING FORM |

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | √ IF FOR FUND- RAISER INCOME |
|--------------------------------|---|---------------------------------|--|--------------------|--|
| 3/4/03 | CK# | Uniterized Contribution | | \$ 25.00 | ļ |
| 3/4/03 | ID# | Uniternized Contribution | | 25.00 | |
| 3/4/03 | ID# CK# | Unitemized Contribution | | 25.00 | |
| 3/4/03 | ID# CK# | Uniterized Contribution | | 25.00 | 10 PT |
| 3/4/03 | ID# CK# | Uniternized Contribution | | 25.00 | |
| 3/10/03 | ID# CK# | Uniterized Contribution | | 20.00 | To the second se |
| 3/10/03 | ID# CK# | Uniterized Contribution | | 25.00 | |
| 3/10/03 | ID# CK# | Unitemized Contribution | | 25.00 | |
| 3/11/63 | ID# CK# | Uniterized Contribution | | 20.00 | |
| 3/10/03 | ID# CK# | Unitemized Contribution | · | 25.00 | |
| | | | SUB-TOTAL | 0 21/6 00 | |

TOTAL (if last page of this

page of this schedule)

Page / of 2 (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

| (Including candidate's personal funds) | (Rev. 06/97) | RECEIPTS |
|---|--------------|----------------|
| COMMITTEE NAME (Must be same as on Statement of Organization) | | CK THIS BOX II |
| Community Led Advocacy for Sensible Schools | | |

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | √ IF FOR FUND- RAISER INCOME |
|--------------------------------|---|---------------------------------|--|--------------------|---------------------------------------|
| 2/1/2 | ID# | Uniterrized | | \$ | |
| 3/10/03 | CK# | Contribution | | 25.00 | |
| | ID# | Unitemized | | | |
| 3/10/03 | CK# | Contribution | | 25.00 | |
| | ID# | Unitermized | | | |
| 3/10/03 | CK# | Contribution | | 25.00 | |
| | ID# | | · | | |
| | CK# | | | | |
| | ID# | | | | |
| | CK# | <i>y</i> | | | |
| | ID# | | | | |
| | CK# | | | | |
| | ID# | | | | |
| | CK# | | | | |
| | ID# | | | | |
| · | CK# | | | | |
| | ID# | | | | |
| | CK# | | | | |
| | ID# | | | | |
| | CK# | | | | |

SUB-TOTAL

TOTAL (if last page of this schedule)

SCHEDULE

MONETARY

BOX IF

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

| SCHEDULE | |
|--------------------------|------------------------------|
| B (Rev. 09/97) | MONETARY EXPENDITURES |
| CHE | CK THIS BOX IF NDING FORM |

COMMITTEE NAME (Must be same as on Statement of Organization)

| Commun | ity hed Adv | ocacy for Sensible School | S | |
|--------------------------------|--|--|-----------------------------------|--------------------|
| DATE EXPENDED (MM/DD/YR) | CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER | NÅME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE | PURPOSE (DESCRIBE TRANSACTION) | AMOUNT EXPENDED |
| 3/03/03 | ID# CK# <i> </i> | Postmaster 430 5th Street West Des Moines 50265 | Postage | \$ 332.00 |
| 3/25/03 | ID# CK# 112- | Polk County Election Of Des Moines | fice Voter Database | 39.00 |
| 3/25/03 | ID# CK# // 3 | Postmaster 430 5th Street West Des Moines 50265 | Po Box Rental | 22.00 |
| 3/27/03 | ID# CK# <i>[+- </i> | Carla Schötten 2525 Hickory Ridge Dr West Des Moines 50265 | Envelopes and Copies | 282.50 |
| | ID# CK# | | | |
| | <u> </u> | | SUB-TOTAL | \$ |

TOTAL (if last page of this schedule) \$, 7 5 5

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

| COMMITTE | ENAME (Must be same as on Statement of Organiza Linity Led Advocacy for Sensit | ☐ CHECK | IN KIND CONTRIBUTIONS THIS BOX IF NG FORM | | |
|--------------------------------|---|---|--|-----------------------------------|---|
| DATE RECEIVED (MM/DD/YR) | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE * (if applicable) | DESCRIPTION OF IN KIND CONTRIBUTION | ESTIMATED FAIR MARKET VALUE | √ IF FOR FUND-RAISER CONTRIBUTION |
| 3/1/03 | Carla Scholten 2525 Hickory Ridge Dr West Des Moines 50265 | · | Copies and postage | \$ 69.70 | |
| 2/28/03 | Bev Leighton 13982 Lakeview Dr Clive 50325 | | Web Site Design ← Maintenance | 1,545.00 | |
| | | | | | |
| | | | | | |
| | | | ` | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | TOTAL (if last page of this | s 1614.70 | |

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of _____

DISCLOSURE SUMMARY PAGE

| | | 1 | For Office Use Only |
|---|-----------------------|---------------|--|
| COMMITTEE NAME (Must be same as on Statement of Organization | ion) | | Comm. # |
| Community led Advocacy for Sensible S | schools | 1 1 | indexed |
| IMPORTANT: Indicate type of committee you are reporting for: | | 1 1 | Audited |
| (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) C (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Centra (8) Support Slate of Candidates | | | Computer |
| alice Wisnes | 221-9327 | | 5/18/13 |
| SIGNATURE OF TREASURER (or person filing this report) | TELEPHONE | | DATE SIGNED |
| Penalties Due For Late Filed R | eports Range from | \$10 to | MAY 1 9 2003 |
| SEE INSTRUCTIONS ON BACK AND COMPLETE THE FO | LLOWING SENTENC | E: | ± 9 2003 |
| I AM FILING AREF | PORT FOR AN/A (1) ELI | ECTION | /(2)NON-ELECTION YEAR |
| (report date) | | dicate o | |
| ECHECK IF AMENDMENT TO REPORT DATED April 1, a | 2003 | | ommittees, enter Date of Election |
| ☐ Check if this is final (termination) report and attach Notice of Diss (You must continue to file reports until a Notice of Dissolut | | County & | 1 arch & Local Committees, enter County in lection is held |
| STATEMENT OF CASH ON HAND at the beginning of the reporting period. (This is to fall monies held by the committee. This amount MUST is same as the cash on hand at the end of the last reporting or must be zero if this is first report filed.) | pe the period, | \$ | 460.50 |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | | | |
| Schedule A: Cash Contributions total (Attach Schedule A) | (••••••• | ••••• | 315,00 |
| Schedule F: Loans Received total (Attach Schedule F) | | | |
| Schedule H: Total Sales of Campaign Property (Attach So | | | |
| (Schedule H applies to Candidates' Committee | | | |
| ., | SUB-TOT | ΓAL \$ | 775 60 |
| SUBTRACT TOTAL MONEY SPENT THIS PERIOD | | | |
| Schedule B: Expenditures total (Attach Schedule B) | | | 670.40 |
| Schedule F: Loan Repayments total (Attach Schedule F). | | | |
| CASH ON HAND at the end of this reporting period (if final report, be zero) (Attach DR-3) | palance must | \$ | 105.10 |
| UNPAID BILLS (From Schedule D - Attach Schedule D) | | | |
| IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E | | | |
| OUTSTANDING LOANS (From Schedule F - Attach Schedule F) | | | • |
| CANDIDATE COMMITTEES ONLY: | | · | |
| CONSULTANT BREAKDOWN (Schedule G Attached?) | | | YES V_NO |
| VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Sc | chedule H) | \$ | |

FORM DR-2

(Rev. 09/97)

DISCLOSURE

REPORT

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

| SCHEDULE B (Rev. 09/97) | MONETARY EXPENDITURES |
|-------------------------------|-------------------------------|
| | CK THIS BOX IF INDING FORM |

COMMITTEE NAME (Must be same as on Statement of Organization) Advocacy tor CANDIDATE PURPOSE **AMOUNT** (DESCRIBE TRANSACTION) DATE ID NUMBER **EXPENDITURE EXPENDED EXPENDED** (if applicable) (Disbursement) WAS MADE (MM/DD/YR) AND PAC CHECK NUMBER ID# Postmaster 430 5th Street Postage 3/3/03 CK# \$ 322,00 111 West Des Moines 50265 ID# Bankers Trust 4.90 3/3/03 Bank fee IIII University Ave CK# 50325 1D# Polk County Election Office 120 and Avenue Voter Database 3/25/03 CK# 112 39.00 Des Moines 50309 ID# Postmaster PO Box Rental 3/25/03 **CK#** 113 430 5th Street 22.00 West Des Moines 50265 ID# Carla Scholten 2525 Hickory Ridge Dr Envelopes and 3/27/03 CK# 282.50 Copies 114 West Des Moines 50265 ID# CK# ID# CK# ID# CK# SUB-TOTAL TOTAL (if last page of this schedule)

| THIS | ROY | ADDI | IEC | TO | CAN | DIDA | TEQ' | 2 | MMITT | TEEC | AH | $\overline{\mathbf{v}}$ |
|-------------|-----|------|-----|----|-----|------|------|----|----------|------|-----|-------------------------|
| | 247 | AFF | 153 | 10 | VAR | MUR | 169 | vv | Maria II | EEO | UNL | т: |

Purchases of certain campaign property costing \$500 or more must also be inventorled on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

| Pene | ı | ~1 | i |
|------|------|----|---|
| Page | | O1 | |

\$670,40